

# THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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## CONTENTS.

ORIGINAL—	PAGE	EDITORIAL—	PAGE
Muriate of Cocaine as a Local Anesthetic. By J. A. Stucky, M.D.....	321	Forewarned, Fore-armed.....	327
Compound Fracture of the Skull Implicating the Brain. By J. Clark McGuire, M.D.....	322	BIBLIOGRAPHY.....	328
MISCELLANY—		SOCIETIES—	
Some Untruthful Figures.....	324	The Louisville Medico-Chirurgical Society.....	332
How to give Santonine.....	324	CORRESPONDENCE—	
A Physician Dead from Chloroform.....	324	Paris Letter.....	333
Death by Methylene.....	324	SELECTIONS—	
Sudden Death in Childbirth.....	324	Tinea Favosa.....	334
From a Successful Surgeon to a Young Genius who has decided to study Medicine.....	325	The Oil-Spot.....	335
Tell the Truth.....	326	Cholera at Marseilles.....	335
English in Vienna.....	326	Nasopharyngeal Catarrh.....	336
Death from Trichinosis.....	326	Doubts Concerning the Cholera Bacillus.....	336
		ARMY MEDICAL INTELLIGENCE.....	336

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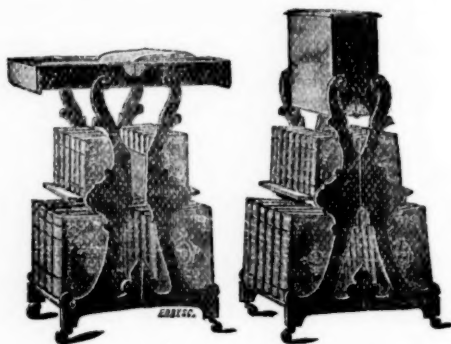
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THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, NOVEMBER 22, 1884.

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## Original.

### MURIATE OF COCAINE AS A LOCAL ANESTHETIC.

BY J. A. STUCKY, M.D.

I desire to add my testimony as to the value of cocaine as a local anesthetic to the nasal, aural, and conjunctival membranes.

CASE I. On November 10th Mr. T. applied to me for the relief of nasal polyp. On examination of anterior nares, I found the left side completely closed by cluster of mucous polyps, rendering respiration through that side impossible. The right side showed marked hypertrophy of inferior turbinated body and an abundant secretion of mucus. Examination of posterior nares showed hypertrophy of mucous membrane covering both inferior turbinated bodies. The nares were as thoroughly cleansed as possible with an alkaline solution (modification of Dobell's) by means of spray, after which a two-per-cent solution of muriate of cocaine was thoroughly applied every five minutes by means of absorbent cotton on a flat probe. The introduction of the probe at first caused considerable pain, especially in left side. The second was almost painless, the third and fourth entirely painless. Twenty-five minutes after the first application of the cocaine I introduced a Jarvis's snare and removed two of the polyps, each one being larger than a chestnut. Two applications of the snare were necessary to accomplish this. The patient complained of no pain or discomfort whatever. The base of each polyp, as well as the hypertrophied tissue in both sides, was thoroughly cauterized with chromic acid. This latter part of the operation was comparatively painless, and the turgescence of the membrane and pain in the cheek and teeth that usually follow the application were scarcely noticed.

CASE II. November 6th I was summoned

to see J. F., aged nine, who was suffering greatly with acute aural catarrh. The drum-membrane presented a pinkish hue, with vascular injection along the handle of the malleus. So great was the suffering of the little patient that it was almost impossible to keep her still long enough for a hasty examination to be made. The pharynx was acutely inflamed, and temperature in axilla was  $101.5^{\circ}$ . Three drops of a two-per-cent solution of the cocaine were warmed and poured into the ear, and in five minutes the patient was relieved of most of the pain, and in fifteen minutes was asleep. The pain having been relieved, antiphlogistic treatment was used. Soothing astringent applications were made to the pharynx, warm applications to the ear-mastoid region, and small doses of calomel and Dover's powders completed the treatment, which resulted favorably. This case is cited to show the efficacy of cocaine as a relief for earache. Two other cases of a similar nature have come under my care, and were treated in the same way with similar results.

CASE III. November 11th, I saw H. M., aged twenty-three. Chronic otitis media (suppurative) with polypus in left ear. Has had a discharge from his ear for several years. It is frequently very offensive. Ear-trouble followed an attack of measles. Polyp fills up about one third of auditory canal. Tympanum can not be seen. Patient hyperesthetic. The ear was thoroughly douched with warm water, and dried with absorbent cotton applied by means of a probe. Five drops of a two-per-cent solution of cocaine were warmed and dropped into the ear, the patient lying on his right side. In ten minutes the ear was again wiped out with absorbent cotton and three drops of the solution applied as before. In ten minutes after the last application the polyp was removed with a snare, and the base touched with chromic acid. Patient complained of no pain. A large perforation was observed in tympanum.

CASE IV. J. S., aged twenty-two, blacksmith. Has had foreign body in left eye for twenty-four hours. Several attempts have been made to remove it. There is slight keratitis and intense photophobia. The foreign body is an iron filing imbedded in the cornea. Two drops of a four-per-cent solution of cocaine were instilled into the eye, and repeated in ten minutes. Fifteen minutes after first instillation the photophobia had greatly diminished, and the foreign body was removed by means of probe with a small pledget of cotton tightly wrapped on the end. Several efforts were necessary in order to effect its removal. Very little pain was experienced—not enough to elicit “a grunt” from the patient.

The above are taken from notes of thirteen cases in which I have used successfully the cocaine. In four cases I was unable to obtain any appreciable anesthesia of the parts to which the remedy was applied. The cause of this I am inclined to attribute to the solution used, or perhaps to the improper or ineffectual application of the remedy. Certainly the results already attained are sufficient to make us feel that our “fondest hopes” in the way of local anesthesia “have been realized.”

LEXINGTON, KY.

### COMPOUND FRACTURE OF THE SKULL IMPLICATING THE BRAIN,\*

With some Remarks upon Trephining the Skull for Injury or Disease.

BY J. CLARK M'GUIRE, M. D.

The following case I saw in consultation with Assistant Surgeon Bushnell, United States Army, a full account of which, reported by Dr. Bushnell, will appear in one of the New York medical journals:

A miner, fifty years of age, while blasting rock, received a wound in the head from a premature explosion. He was at first stunned, but soon recovered consciousness. Two hours after the accident, on examination, there was found a penetrating fracture of the skull, about one inch in diameter, at the right frontal eminence, the brain protruding and hanging over the eye-brow. Lacerated strips of brain and several small pieces of bone were removed. Uninjured portions of the brain were cleaned and returned. He was at this time fully conscious.

\*Read before the Louisville Medico-Chirurgical Society, October 17, 1884.

There was little change in the patient's condition for a week; brain on a level with the skin of the forehead. Abundant discharge of disintegrated brain tissue and black spots, which appeared on the dressings, and continued for weeks. These black spots were shown to be particles of hard rock, which were eliminated in the form of mud. About the ninth day breathing began to be stertorous. On the tenth an exploration for abscess was made. A piece of the skull about two inches square was found completely separated. After the reduction of this fragment it gave no further trouble. The inner edge of the orifice was slightly depressed. After elevating it, two small pieces of bone found beneath it were removed. No abscess.

After the operation the patient became fully conscious. Three weeks after the receipt of the injury he was able to do light work. He was at times very absent minded; incapable of carrying on a continuous conversation without being prompted; would forget the subject upon which he was conversing, and branch off upon something entirely foreign to the question.

In an essay written by Dr. Allen Starr, of New York, on Cortical Lesions of the Brain, he calls attention to this symptom. Mental disturbances occur in about one half the cases mentioned by him. He says: “After partial destruction of the frontal lobes of the brain, by disease or injury, one of the first manifestations would be inability to fix the attention or to follow a continuous train of thought.”

In regard to the particles of black substance that appeared on the dressings so abundantly, they were proved to be particles of stone, from the fact that small pieces of rock were removed from the face and eyes of a man who was injured at the same time by the same explosion, and that they first appeared on the dressings as hard particles, and later as soft and pliable. It could not have been powder, and there was no dirt from the explosion, at least not sufficient to have entered the wound and to have appeared so abundantly for so long. I have searched all the literature accessible to me without finding a similar feature recorded.

In regard to trephining the skull for injury or disease, we have been heretofore taught that it was a dangerous operation, and that more than one half the cases proved fatal; but at the present time, since surgeons have met with such wonderful success in



operating upon other organs, physiologists and pathologists have had so much to say concerning cerebral localization, we are strongly advised to undertake a more heroic treatment in affections of the brain.

But that we are apt to fall into error by following such advice too implicitly, and that the enthusiasts may mislead us if their statements and conclusions are not examined closely, the following will show :

In an interesting paper written by Dr. Amidon, and read before the New York Academy of Medicine, entitled, "A Plea for more Heroic Surgical Interference in Affections of the Brain," he gives an analysis of one hundred published cases that have occurred since 1879, in which trephining was performed. Twenty-six of these cases died, but he says in twenty three of these there existed at the time of the operation symptoms of conditions which of themselves endangered life, thus leaving for the operation *per se* a mortality of only three per cent, a result which should rob the operation of its terrors.

If his premises are right then his conclusions are correct. We all know of the many recoveries that take place when the symptoms have been such as to lead us to give most unfavorable prognoses, and yet the patients would make good recoveries. It is not at all probable that all the twenty-three cases would have proved fatal, therefore he could not fairly claim only three per cent as the mortality. Yet, as Dr. Putzel remarked in the discussion of the paper, it is probable that only the favorable cases or the greater part were reported. Even granting the statement that the mortality of only three per cent is correct, he implies that this *favorable result* depended somewhat on the antiseptic precautions that were instituted. Erichsen calls especial attention to the proper antiseptic precautions which should always be used in these cases ; yet we find in seventeen cases in which trephining proper was used at the University College Hospital, London, previous to 1879, by Cooper, Lister, and Erichsen, that only six patients recovered. In the American war the results were more favorable, about fifty per cent proving fatal.

Again, Dr. Amidon says, "We have knowledge which enables us to tell when certain parts of the brain are diseased, and anatomical data to tell us exactly where to operate to reach the location of the disease."

But have we this knowledge? The fact is, there are no symptoms that will abso-

lutely indicate even the formation of pus within the cranium, let alone localize its exact seat. Several abscesses may exist together in the brain, or every part may be studded with minute collections of pus. The pain in the head may be at a distance from the seat of the abscess. Cancerous deposits and softening may produce all the symptoms of abscess. In such cases trephining, of course, would prove useless. Even the changes in the retina, seen by the ophthalmoscope, are common to several kind of cerebral diseases. Such an authority as Hewett says, "Those suffering with cerebral abscess may have symptoms so closely resembling continued fever that it is difficult if not impossible to say whether it is a case of fever or organic disease of the brain."

Dr. Putzel, referred to above, differed with Dr. Amidon, and believed that not very much was positively known concerning cerebral localization. Dr. Goltz, of Berlin, says his experiences upon animals showed that the modern theory of cerebral localization was false. Dr. William Gull and Henry Sutton, of England, say, in cases where abscesses follow injuries of the head, surgical interference must be thought of. The principle in such cases is a mechanical one, namely, to reach the abscess and evacuate its contents, if that be thought advisable, but they add, experience has little to commend it.

Dr. Allen Starr, in his paper, says the most prominent local symptom of lesion of the occipital lobes is a disturbance of vision, and that the visual area lies in the occipital lobes. From his paper we are led to suppose that the visual area is confined to this portion of the brain. If this were true, we could not have an injury of the occipital lobes so severe as to ultimately cause death and still have no impairment of sight; and yet there are records of such cases. Again, we may have a lesion confined to a different portion of the brain that will cause this symptom, as in the following case :

A man fell on the pavement. No symptom of brain trouble for one year; then severe frontal headache, transient attacks of loss of sight, afterward total blindness; death in fourteen months. Seat of abscess, two large inflammatory cysts with surrounding solid exudation in the *anterior lobes* of the right cerebral hemi-sphere.

Neither Erichsen nor Hewett ever met with a case of recovery after trephining the skull for pus within the cranium. The

former thinks if we even find the pus the patient's chances of recovery are not very materially increased, as the encephalitis will continue and eventually lead to death.

As there is hardly any one set of symptoms absolutely indicative of a lesion of a certain portion of the brain, we should rather be inclined to practice conservative surgery about this organ, and be on our guard against the too heroic treatment of brain injuries, not undertaking such a dangerous operation as trephining except for the removal of bone or foreign bodies, unless the circumstances were such that we could have no reasonable doubt of the diagnosis, or we were confident that the case would prove fatal without it.

LOUISVILLE, Ky.

### Miscellany.

SOME UNTRUTHFUL FIGURES.—Thomas Carlyle says that nothing lies like figures except facts. In our issue of last week were three items which might seem to attest the truth of the first part of the proposition, though we believe that the second part will gain no support from them. Of the item relative to the Vienna General Hospital, taken from the Philadelphia Medical News, a learned friend writes: "The munificent gift of Mr. Joseph Leiter of 500 florins per annum, instead of being '\$835' is exactly \$220. Please disabuse the minds of your readers. Perhaps some one may thus be encouraged to do a similar service in this country.—A SUBSCRIBER."

In another item on the Price of Cocaine, (N.Y. Med. Record) the writer (printer) says that the salt used at Merrill's College clinic cost \$4.20 per ounce, or 87.5 cents a grain, *e. g.*,  $420 \div 480 = 87.5$ !! Of course no reader was deceived by so manifest an error.

In a third, Sir Erasmus Wilson is accused of leaving to the Royal College of Surgeons a bequest of nearly a *hundred* million of dollars. *One half* million was the figure intended. Our proof reader, while logically blameworthy, can not be said to be technically responsible for the two first blunders, since in each he followed copy, merely repeating the errors it contained, which ought to have been noted by the editor when the items were selected. In the third, he also claims that he presented the item as per script, but if the fact should prove other-

wise, he may be pardoned, in view of the recent excitement over election returns, a mistake in figures which does not involve more than ninety-nine and a half millions.

THE death is announced of Dr. Samuel M. Bemiss, of New Orleans, for many years a Professor in the University of Louisville and a distinguished practitioner and medical writer of this city. As evidence of the esteem in which he was held, he was employed by the State to prepare the vital statistics of the Commonwealth, accomplishing the work with great success. In 1866 he was called to a chair in the University of Louisiana, which he held at the time of his death. In addition to his labors as professor and practitioner, he was editor of one of the leading medical journals of the South and a member of the United States Sanitary Commission.

A PHYSICIAN DEAD FROM CHLOROFORM. The Weekly Medical Review of November 8th notes the death of Dr. C. M. Whiting, of Ogle County, Illinois. His body was recently found in his office with such surroundings as to suggest the heading of this note. It was lying upon a couch, with the hands and a handkerchief applied to the face, while on the table close at hand stood corked a bottle of chloroform. Although the coroner's jury properly returned a verdict of death from causes unknown, it is more than probable that the physician fell a victim to the practice of self-administration of chloroform for some slight, painful ailment. Narcosis to death by misadventure is only a question of time, and usually a short time, with any person who falls into this insane habit.

DEATH BY METHYLENE.—The Medical Record notes the death of a young man, who took methylene administered by Mr. William Square, surgeon to East Cornwall Hospital, in order that he might have a surgical operation performed. The patient died of paralysis of the heart after getting well under the influence of the anesthetic. The heart was hypertrophied, but otherwise normal. The deaths due to methylene are about one in eight thousand of the cases in which it is used as an anesthetic.

SUDDEN DEATH IN CHILDBIRTH.—Dr. William T. Lusk read before the Practitioners Society of New York, at its meeting

June 6th, a case of sudden death, which the reader believed to be due to surgical shock, and remarked that text-books on obstetrics assumed that it was not possible for a woman to die of shock in parturition, but from what he had observed he was inclined to believe that death in lying-in women was not infrequently produced by that cause.

The case was as follows: The patient was a primipara, healthy, and twenty-three years of age. Seen first January 1st, of present year, at 7 A. M. Patient said pains had begun on previous afternoon, and she had paced the floor all night. She said that when in motion she found it easier to bear her pains. Examination: Extreme tenderness of vagina and cervix; cervical canal dilated by head; os extended, size of half dollar; head covered tightly by membranes; no pouch. At 11 o'clock little progress. Gave chloroform, and pushed up head so as to allow bag of waters to form. This maneuver was followed by rapid dilatation. Head in twenty minutes on perineal floor. Forceps then urged. Patient wished "glory of having her baby herself." Waited at her instance until between 1 and 2 o'clock. Patient suddenly lost color, and seemed dazed when spoken to. Applied forceps to head at vulva. Easy extraction followed by hemorrhage, but the latter was quickly controlled. Patient's face showed signs of complete collapse. Stimulants, warm hypodermics of brandy, and hot tea were given at short intervals. Apparently. At 7 P. M. went to dinner, thinking period of safety reached. Patient suddenly turned in bed, and pulse became very feeble. There was a slight rally, and then came death. Absence of respiratory troubles excluded pulmonary embolism either from venous thrombi or from air. The associated symptoms were those of surgical shock, to which the patient was, probably, predisposed by the ante-partum exhaustion. The writer argued against the rejection of surgical shock among the causes of sudden death in childbed, holding that the entry of air into veins, embolism, and pulmonary thrombosis are insufficient to account for all cases.—*Boston Medical and Surgical Journal*.

FROM A SUCCESSFUL SURGEON TO A YOUNG GENIUS WHO HAS DECIDED TO STUDY MEDICINE.—*My Dear Boy*: I am rejoiced to hear of your decision, and you may count on my doing every thing in my power to help you, both now and hereafter. I make this promise with a light heart, for I am sure that a

brilliant and clever fellow like you will turn out a credit to every one who has had any thing to do with him. You must not forget, however, that genius has its special dangers and defects as well as its special facilities and advantages. And the study of medicine is a field in which the former are often more prominent than the latter. Name and fortune are not to be made with us by a *coup*, as they may be in literature or commerce. I never remember to have heard of any one in our profession awaking to find himself famous, and if you have ever dreamt of such fortune pray dismiss it from your mind at once. Imagination and invention such as yours may have their full play in medicine—nowhere more so. Most of our great discoveries—Hunter's of tying arteries for aneurism, for instance—have been, so to speak, strokes of genius, but with us such strokes only come to those who have spent long years in observation and thought. They are like the blooming of the aloe. So my advice to you and to every other student of medicine is, "Observe, observe." Do not let yourself be discouraged by the idea that every thing that is worth observing has been observed already. A fresh mind coming to a problem may see things that every one before has missed. I have the less hesitation in impressing this advice upon you, because I know you to be, possibly by original constitution, and certainly by your education, more inclined to introspection—which, if it is observation at all, is certainly of the most fruitless kind—than to the observation of external phenomena. Let me ask you, did they ever teach you at school or at college to observe a single thing but the meaning of a Greek particle or the value of a cosine. Your life has hitherto been spent among books, the study of which you have been taught to look upon as your end and aim. Henceforth you will have to regard books not as an end, but as a means, and often a very inefficient means, toward the study of facts. What you read in them you will in nine cases out of ten be able, sooner or later, to observe and verify for yourself; and let me tell you that a fact personally observed is worth a hundred observed only vicariously. Do you remember our walk along the North Devon coast last summer? Possibly you forget, though, how I pointed out to you a hundred little sights and sounds of nature, while you were dreaming how to crystallize into a sonnet the vague impressions on you of the many-sounding sea. My boy, vague

impressions and the conjury of sonnets and triplets have no place in medicine, and if you do not throw them aside or grow out of them no success will come to you in your chosen path. The truest success in medicine, the admiration of your contemporaries and of posterity, can only be gained by faithful observation of nature, and, if you desire those things, that is the faculty which you must cultivate and employ. I have spoken plainly, because with your splendid abilities you will be expected to do great things with us; but if you trust only to genius, and not to hard and energetic labor, you will find yourself at forty in a Bloomsbury garret, instead of in those Elysian fields of the doctors—Brook Street and Cavendish Square.—*London Medical Times.*

**THE LONDON SCHOOL OF MEDICINE FOR WOMEN.**—Three of the licensing bodies now admit women for their diplomas and degrees, viz., the University of London, the Royal University of Ireland, and the King and Queen's College of Physicians in Ireland.

**TELL THE TRUTH.**—It is the first aim of every student to discover and to recognize the truth; but it is the high privilege of the physician and the surgeon to learn to apply it for the benefit of others—to abolish pain, to mitigate suffering, to sustain and to prolong life, to prevent and to destroy disease, to arrest the hand of death itself. And for this the great field of human nature must be subjected to the same keen and searching observation. The cultivation of tact, patience, gentleness, and sympathy must go hand in hand with that of truth and honor in the practice of professional no less than of private life. No more difficult problem, for instance, can well be set to any man than that which so often confronts the medical attendant—the question of deciding in what form and at what time the truth, of which he may be the sole human repository, the only possible exponent, shall be revealed. One of the most distinguished leaders of the profession sometimes tells the story of how, as a young man, he was called upon to make a diagnosis which, involving the imputation of an inherent mortality distasteful to family pride, was received with almost scornful derision. A few years later, when time had only too fatally corroborated his forecast, the physician was consulted by a relative of his former patient, and a similar expression of opinion was met with equal incredulity. Afterward, yet another mem-

ber of the same family sought advice from the doctor whose diagnosis had been scouted years before: "You see, in spite of themselves, they could not help coming back to the man who had told them the truth."—*London Medical Times.*

**ENGLISH IN VIENNA.**—The Vienna correspondent of the *London Medical Times* says: English students and practitioners who are not acquainted with the German language will find that almost all the teachers in Vienna are more or less acquainted with English, and can give the necessary explanations; the only difficulty is in understanding the official lectures delivered by the ordinary professors, but they may be looked upon as providing a good opportunity of learning German.

**ELSEWHERE** in this issue will be found an able review of Dr. Loomis's recent great work on the Practice of Medicine, for which our readers are indebted to Dr. L. S. McMurtry, of Danville, Ky., who is well known as a popular contributor to current medical literature, and who was at one time an editor of this journal.

**DEATH FROM TRICHINOSIS.**—The *Weekly Medical Review* reports a death from trichinosis which occurred at the St. Louis Female Hospital two weeks since. The patient was a child recently arrived from Germany. Its mother died a few weeks ago from probably the same cause, and another child of the family at the time of the writing was dangerously ill.

**A MISSING NUMBER.**—The *MEDICAL NEWS* of December 23, 1882, is missing from our files. If any friend should have the number to spare, and will mail it to No. 920 W. Chestnut Street, Louisville, Ky., he will confer on us no small favor.

**OF** the one hundred and thirty-nine physicians engaged in attending cholera patients in Naples, under the White Cross Society, twenty died.

**THE** University of Berlin has just received a legacy of \$190,000 by the will of the late Countess Bose, of Cassel, for the benefit of poor students of medicine.

**DEATH OF PROF. SOMMA.**—Prof. Luigi Somma, the well-known pediatricist, and editor of the *Archivio di Patologia Infantile*, died in Naples, of cholera, on September 19th.



## The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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### FOREWARNED, FORE-ARMED.

On the 7th instant, the city of Paris, which had remained free of cholera during the recent epidemic in Southern France, suddenly developed the disease. The day of the invasion closed with one fatal case, the records of the second day showed fourteen deaths; of the third, thirty-three; of the fourth, sixty-nine; of the fifth, ninety-eight; of the sixth, eighty-nine; of the seventh, eighty-one; and of the eighth, seventy-five; giving a total mortality for the eight days of four hundred and sixty, with fifty-seven and one half for the daily average. Since the 15th the death-rate has sunk to a low degree, there having been between the midnight of the 16th and the mid-morning of the 17th but seven deaths, while at this writing, the 18th, there is good reason to believe that the tale of the cholera endemic of Paris for 1884 will soon be told. That this conspicuous show of rapid and fatal work on the part of the pest should have caused serious alarm among the inhabitants of the French metropolis is but natural; but that it did not lead to a general panic is indeed remarkable, since it must have brought vividly before the minds of the old and middle-aged citizens the terrible scenes of the city's epidemic of 1849, whose harvest of death

was ten thousand souls. That pestilence, like the present scourge, did its most fatal work in the period of eight days—those historic first eight days of the month of June when, after a slow progress of nearly three months, the disease suddenly assumed a malignancy before unparalleled, and scored from seven hundred to nine hundred deaths daily; when the sick were languishing unhelped, and the dying died unattended; when the resources of the living were scarcely adequate to the decent disposal of the dead, and the fair city stood under a reign of terror more pitiless than that of Robespierre.

With scenes like these fresh in the memories of many of the inhabitants, the repose of the city is noteworthy, but the reason for it is not far to seek. Paris was ready for the attack. Awakened to a sense of sanitary responsibility by the terrible experience of '49, keeping pace with the rapid march of sanitary science since that day, and admonished by the recent ravages of the disease in France and Italy, the authorities had left no hygienic point untouched, nor resource undeveloped which would be likely to present its expected unwelcome guest with an environment incompatible with a lengthy stay.

The events of the last fortnight seem to justify this conclusion; the attack was sudden, and the engagement vigorous, with a mortality to the besieged that threatened to reach appalling figures; but the bottom seems all at once to have dropped out of the enemy's commissariat, and after a short engagement he is forced to a hasty retreat.

It may be suggested that, with cholera as with cards, the winner can never be named till the game is played out, while he who is the loser in this may sweep the stakes in another or the final deal; but the fact that prudent sanitation, in any place which can secure it, is competent to hold cholera at bay is so well attested by the history of the disease that we are quite willing to risk the imputation of over-confidence in the hygienic ability of Paris to outgeneral this oriental waster of cities.

In view of the probability that some of our own cities will in the coming spring and summer have to deal practically with the problem of sanitation as against cholera, it is fit that our people should give substantial aid to our boards of health, Municipal, State and National, in their present praiseworthy efforts to guard the land against the expected attack. We therefore present as a fit theme for meditation the following circular, just issued by the NATIONAL CONFERENCE OF THE STATE BOARDS OF HEALTH:

NAT. CONF. OF THE STATE BOARDS OF HEALTH.  
OFFICE OF THE SECRETARY.

*Dear Sir:* At the conclusion of the report on the "Prevention of Epidemic Cholera in America" during the meeting of this Conference at St. Louis, Mo., on the 13th and 14th of last month, and after urging upon Congress in the strongest terms its duty to enact such legislation and to appropriate such funds early in its coming session as shall prevent the importation of this disease to our shores, it was resolved that when this Conference adjourned it should be to meet in Washington, D.C., the second Wednesday in December next, and that the Secretary be directed to invite the attendance at that time of the quarantine officers and the health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their State or locality, and what steps have been taken to improve the same and to prevent the introduction of disease.

In accordance with that instruction, you are cordially invited to attend the meeting of the Conference, which will convene at the Ebbitt House, Washington, D.C., at 10 A. M., December the 10th, and you are requested to be prepared to make such a report of the sanitary condition and regulations of the territory under your jurisdiction as is contemplated by the above request of the Conference.

The gradual extension of cholera in Europe, the serious outbreak of the disease in Paris since the adjournment of the Conference, and the well-known fact that it has never prevailed in that country as an epidemic without reaching our continent, coupled with the knowledge that our National Government is taking no efficient precautions to prevent its importation, give great importance to the results of this meeting, and it is hoped will secure your attendance and co-operation.

The best possible rates of travel will be secured on all the principal lines of railroad centering at Washington.

J. N. McCORMACK, M.D., *Secretary.*  
BOWLING GREEN, KY., NOV. 18, 1884.

## Bibliography.

**A Text-Book of Practical Medicine:** Designed for the Use of Students and Practitioners of Medicine. By ALFRED L. LOOMIS, M. D., LL. D., Professor of Pathology and Practical Medicine in the University of the City of New York, Visiting Physician to Bellevue Hospital, etc. With 211 illustrations. New York: Wm. Wood & Co. Pp. xv—1102. 1884.

The author of this work has for a number of years occupied an enviable position in professional esteem as a practitioner, a teacher, and a writer. His first work of authorship appeared in the form of a handbook of Physical Diagnosis, which has passed through several editions, and is widely adopted as a text-book. His treatise on Diseases of the Respiratory Organs, Heart and Kidneys, was equally well received by the profession, and it is safe to say that his "Lectures on Fevers" added further to his reputation as a pathologist and clinician. As a teacher, Prof. Loomis has won a national reputation for the clearness and simplicity of his lectures, and for accurate knowledge of pathology. Being an industrious and close observer, he has become a skillful interpreter of the symptoms of disease. This, his latest and most comprehensive work, is the matured expression of his observations and studies after eighteen years of continuous service as a public teacher and hospital physician in the largest clinical field in America. It can not be denied, therefore, that Prof. Loomis has the right to speak *ex cathedra* upon those topics to which he has devoted so many years of earnest labor. Such a work emanating from such a source will command in advance the favorable consideration of professional opinion.

The work before us is a complete comprehensive treatise on general pathology and practical medicine. The arrangement and classification is that which the author has observed in teaching and is based on advanced pathological knowledge. Indeed, the whole work is an elaboration of the courses of instruction the author has given in the lecture-room. The style is terse, the sentences short and perspicuous, and the expressions are characterized by much of the dogmatism of the master to his class. This is, however, more a virtue than a fault, since the teachings are sound, and the views expressed are those of a strong practical man. It is emphatically a positive work. The book is devoid of bibliographical tables,

and the allusions to authors are confined to conspicuous original researches of assured value and importance. The originality of the work is most marked in the selection, management, and treatment of the subjects embraced in its pages. Unsettled questions and controversial subjects have been given no place here. The illustrations consist of diagrammatic representations, temperature charts, and drawings delineative of pathological changes. The latter were prepared by Dr. Maurice N. Miller, of New York, especially for this work. These illustrations are liberally distributed throughout the book and are of exceptional value.

The introduction consists of eight pages, and is wholly devoted to inflammation. It is an admirable presentation of advanced pathology as applied to this important condition. The first section treats of Diseases of the Respiratory System; the Diseases of the Digestive System occupy the second section; the third treats of Diseases of the Heart, Blood vessels, and Kidneys; the fourth, Acute General Diseases; the fifth, Chronic General Diseases, and the sixth and last section is devoted to Diseases of the Nervous System.

The author thoroughly comprehends the art of communicating his ideas to others, and the descriptions of disease processes, and the word-pictures of the physiognomy of disease as exhibited at the bedside are especially clever. There is a simplicity of language and method which is particularly happy. The essential character of disease is given in words which leave no doubt as to the author's convictions. Turning at random to page 672, we find the following:

"Diphtheria is a miasmatic contagious disease, often prevailing epidemically. Many of its etiological conditions are identical with those of typhoid fever, filth, bad sewerage, over-crowding, etc., and yet we are not prepared to state that either of these diseases is of spontaneous origin. I have met with diphtheria in houses where the water and sewerage pipes were defective, and where no other causative factor could be found; nevertheless, I have a belief that the miasm of diphtheria *must* be present with the other etiological conditions before diphtheria will be developed."

Under the heading of "Bright's Diseases" three different forms of disease involving as many separate parts of the kidney structure are described. Under the first head he treats a form of disease in which the morbid changes begin in the uriniferous tubules, designated parenchymatous nephritis, tubular nephritis, desquamative nephritis, etc.; under the second a form in which the

morbid changes commence in the inter-tubular tissue, designated cirrhotic-gouty, hob-nailed, or red granular kidney, and under the third division he describes a form of disease in which the morbid changes commence in the walls of the blood-vessels, designated as the amyloid form of Bright's disease, waxy or lardaceous degeneration of the kidney. The introduction to this subject, which is devoted to classification, ends with this pertinent statement: "Clinically there can be recognized two well-defined varieties of Bright's disease—the *acute* and the *chronic*."

The author's classification of fevers is that of most authors except as relates to typho-malarial fever, which he treats under the name of continued malarial fever. He makes no allusion to the discussion conducted by the late Dr. J. J. Woodward and Dr. Roberts Bartholow as to the individuality of this fever. The following he asserts are well-established facts connected with its development:

*First.* It is met with only in malarial districts. *Second.* In the majority of instances when this fever has prevailed, its development has been preceded or attended by marked and easily recognized anti-hygienic conditions, such as over-crowding, bad sewerage, and other conditions favorable to the development of septic poison. *Third.* That it is a *non-contagious* disease, and is never propagated from the affected to the healthy, either directly by personal contagion or indirectly by morbid excretions. *Fourth.* In its morbid anatomy and symptomatology it is a combination of malarial and septic fever.

He declares that this fever is produced by the combined action of a septic and a malarial poison, the septic element predominating in some cases, the malarial in others. There are many able and eminent students of pathology in this country who object to introducing into the nomenclature of fevers this malady as possessing a distinct individuality. These observers claim that there is no such malady, but regard it as nothing more than the *typhoid condition* which may be developed in connection with many well-known diseases. At the same time we find in Wood's Practice of Medicine allusions to this fever under the title of "Entero-Miasmatic Fever," and Drake in his great work on Diseases of the Mississippi Valley calls it "Remitto-Typhus." Notwithstanding the opposition to its recognition as such, practitioners every where have recognized the existence of a continued fever of malarial character, resembling typhoid in many particulars, but without the characteristic erup-

tion, influenced by quinine, but lasting about twenty-eight days in spite of its use, and while resembling both malarial and typhoid fevers it is not distinctly the one or the other, and is a continued fever. Prof. Loomis demonstrates his familiarity with the clinical aspects of disease as well as its etiology in giving elaborate consideration to continued malarial fever.

The frequent occurrence of typhoid fever and the dangerous nature of the disease have been recognized by the author as making the subject worthy of painstaking consideration. We doubt if any of the acute diseases furnish a more brilliant field for the sagacious practitioner to demonstrate his skill than does this malady. Protracted in its course, with complications imminent throughout, and convalescence difficult and dangerous, often followed by fatal sequelæ, it demands accurate knowledge of the pathological process, the lesions, and the clinical phenomena. It would be difficult to mention a disease where imperfect knowledge, careless and hasty medication, and disregard of details are more hazardous. So evenly are the issues of life and death balanced that every step in the management of the patient and every feature of the environment become potent factors in the results of treatment. Besides all these claims for consideration, modern methods of treatment differ in so many essential features that a thorough study of the disease devolves upon every conscientious practitioner. Recent years have witnessed numerous innovations in treatment, and some very important improvements. A recognition of the dangers to life from the action of prolonged high temperature upon the nerve centers has necessitated a departure from the purely expectant method of treatment. The choice of antipyretic agents, and the technique of their application are matters of absolutely vital importance.

Thus regarding the subject we are not disappointed, on turning to section iv, to find forty pages, amply illustrated, devoted to the consideration of typhoid fever. After a careful perusal of these pages we can refer the student and practitioner to no other treatise for more able, lucid, sound, and practical exposition of the subject. The morbid anatomy of typhoid is treated in a masterly way, and the drawings of Dr. Miller render valuable aid in this connection. Under the head of Etiology two long-vexed questions are discussed: Is it a con-

tagious fever? Is it ever of spontaneous origin? The author gives tersely the facts which have long ago answered the first question negatively, and accordingly admits patients with typhoid to general hospitals, and removes them from the restrictions of quarantine regulations. The second question is more fully treated with the following conclusions:

"All the elements which form its production may be present, such as animal and vegetable decomposition, or sewer gases, and yet not a single case of typhoid fever be developed until the typhoid poison is brought within the boundaries favorable to its development, then a severe epidemic of the disease may be developed, but decomposition is simply the soil in which the specific poison is developed."

The author states that this disease is more liable to occur between the ages of fifteen and twenty-five years, and that there are idiosyncracies which seem to predispose to this fever. He then makes the following statement:

"An individual may have repeated attacks of typhoid fever."

While there are numerous instances in which persons have suffered a second attack of typhoid, such cases are exceptional, and the rule is that one attack confers upon the subject an immunity from further attack.

The writer of this review has enjoyed the opportunities of a general practitioner for a number of years, and has not as yet seen a *clearly authentic* instance of two attacks of typhoid fever in the same individual. Indeed we do not believe that the records of clinical experience will, after careful investigation, prove that repeated attacks are more common in this disease than in syphilis and scarlatina, which along with typhoid are among the eruptive fevers. We are inclined to believe that repeated attacks of yellow fever are as frequent as of typhoid, yet no one avoids exposure to the disease after one attack. This language of Prof. Loomis implies that repeated attacks of the disease are so common that they are scarcely exceptional. In a systematic treatise on General Medicine an important fact should be set forth in language less apt to mislead. The fact that the author expresses himself so clearly and positively throughout the work makes this more noticeable and significant than it would otherwise appear. In the treatment of typhoid the author thus estimates the cold bath:

"My experience in the use of cold applications leads me to believe that unless it is possible to maintain a low range of temperature after four or



five baths very little is gained by their continuance. I am also convinced that after the second week of typhoid fever cold baths should not be employed to reduce temperature. The condition of a typhoid patient during the first and second weeks of the fever is very different from that during the third and fourth weeks. During this latter period there is great danger of collapse after a cold bath, and in several instances I am confident that pulmonary complications have been the result. . . . There is *no remedial agent which requires greater care and judgment in its use than the cold bath*, yet doubtless, when judiciously employed, the lives of many typhoid patients may be saved, and it is equally certain that when injudiciously employed many lives may be destroyed."

Concerning the value of quinine as an antipyretic he makes this statement;

"The antipyretic power of sulphate of quinine is established beyond question. When quinine is employed as an antipyretic, however, it must be given in large doses, the administration of two grains every two hours, or a larger quantity administered in divided doses within a period of twenty-four hours will not act as an antipyretic, but thirty or forty grains must be administered within a period of two hours. If the stomach is irritable, and a large dose produces vomiting, ten grains may be given every half hour until the desired quantity has been administered. Usually from four to six hours after the antipyretic dose has been taken the temperature will begin to fall, and in about twelve hours will reach its minimum, then it will remain stationary from twelve to twenty-four hours. After the temperature has once been reduced by the quinine its administration may be discontinued until the temperature shall again rise to 105° F. As a rule the temperature rarely ranges as high as before the quinine was administered. This mode of administering quinine in antipyretic doses to fever patients rarely produces any symptoms of cinchonism other than a transient deafness after the first dose. In a large number of cases the temperature can be kept below 103° F. by the sulphate of quinine, but in many severe cases it will be advisable, sometimes absolutely necessary, to employ not only the quinine but at the same time the cold baths. My rule is, after I have reduced the temperature to 101° F. or 102° F., by a cold bath, to administer an antipyretic dose of quinine, and thus delay the recurring rise of temperature."

Under the head of Treatment in Acute Articular Rheumatism, these words are found:

"It is claimed that immediate relief follows the administration of the salicylates—that the temperature falls, that the pain and swelling of the joints subside, and that the duration of severe attacks has been limited to thirty-six or forty-eight hours. But it causes great depression of the heart, increases the liability to cardiac complications, causes irritability of the stomach, and places the patient in a weak and debilitated state. For the past year I have seldom employed it, for my experience shows that while in some cases it may relieve the urgent symptoms of the disease, in two or three days relapses are almost certain to follow,

and the duration of the disease is not shortened, and I have seen very serious toxic effects follow its use."

Many will dissent from this condemnatory expression of the author. The writer of this review has, in a number of cases of rheumatic fever, witnessed the most brilliant results from the use of these agents, and has never seen an exhibition of the toxic effects mentioned.

In concluding this notice of a great treatise on Practical Medicine, we commend it most heartily to the reader. It is the work of an able pathologist, an honest and earnest worker, a great teacher, and a skillful and experienced practitioner. In its pages intricate subjects are simplified, and it is an expression of advanced teachings gathered from all sources, and weighed in the balance of practical observation. There are some expressions found in the work which may be admissible in the lecture-room, but should be discarded in the formal composition of a scientific treatise. The expression "Acute Bright's" instead of "Acute Bright's Disease" is illustrative. Again, it seems of questionable propriety to devote, in a work on Practical Medicine, two pages to the consideration of hemorrhoids, closing with thirteen lines upon treatment, of which this is the last sentence: "A surgical procedure is the only sure and permanent relief." These criticisms, however, relate to matters not essential, and for the book as a whole there should be only unstinted praise. The writer wishes that time and space would permit a detailed notice of the sections on the diseases of the serous membranes, which are particularly rich in pathological research and methods of treatment; and he also hoped when beginning this review to direct attention to the sections on diseases of the chest, in which the author has become widely known as an authority. We can only refer the reader to the book with the assurance that he will not be disappointed.

The Principles and Practice of Midwifery: with some of the Diseases of Women. By Alexander Milne, M. D., ex-Vice-president Edinburgh Obstetrical Society; Member of the Gynecological Societies of Berlin and of Boston; Author of "Manual of Materia Medica and Therapeutics," etc. Illustrated with numerous wood engravings. Second edition. New York: Bermingham & Co., 28 Union Square. 1884.

## Societies.

### THE LOUISVILLE MEDICO-SURGICAL SOCIETY.

Regular Meeting, October 3, 1884, President J. W. Holland, A. M., M. D., in the Chair.

Dr. W. O. Roberts reported a case of a man who received a stab with the small blade of a penknife just under the left clavicle. There was very little hemorrhage, and the wound was not more than one eighth of an inch in length. No serious symptoms were present, and the wound was considered trivial. One week later the patient was seen again, there was dullness upon percussion present over the entire left lung, and no pulsation in the sub-clavian or its continuations external to the wound. The heart was displaced to the right so that the apex was two inches below the right nipple and three inches to right of median line. Respiration was carried on entirely by right lung; patient lay on affected side. The liver was displaced downward. Patient had but little use of left arm, and had tingling sensations in it. The next day patient had more use of his arm and less tingling. However, his condition became worse and worse, and he died two or three days later.

A post-mortem was held, and on incising the sterno-mastoid and cervical fascia, a considerable amount of blood escaped. The left pleura was found full of blood; the lung was pushed upward and backward, and was very small and nearly solid. It was found that the blade had cut the scalenus anticus and wounded the second portion of the subclavian artery. There was a clot of blood in the wound of artery extending downward in the vessel for about two inches.

From the history of the case and the post-mortem evidences the doctor believes that the vessel was not completely opened by the knife-blade, but only its outer coats cut through, and that it subsequently ruptured, the pressure of the extravasated blood rupturing the pleura and filling its cavity.

Dr. Preston B. Scott, after some general remarks in reference to the prevalence of various diseases in the city, stated that he has noticed this year that attacks of typhoid fever have been rather mild in character as a rule, but with a great disposition to relapse about the second week of convalescence. In several cases this relapse has taken place even after the temperature of both morning and evening has reached normal. The cases

have been very rarely complicated with malaria, and quinine was useless.

Dr. Marvin reported that in five cases of typhoid fever he had used iodine and with apparent good results. They were typical cases of typhoid.

Dr. Cottell reported the case of a girl, fourteen years old, who was taken sick with what seemed to be malarial fever. The characteristic temperature curve of typhoid was absent, and there was no evidence of intestinal lesion. The case was at a standstill for two weeks, when the temperature ran up to 105°, increasing for three or four days, until it reached 107°. Malignant typhoid manifested itself, and the patient died before the end of the third week.

Dr. Bailey reported a case of typhoid fever similar to those reported by Dr. Scott, in which the first two weeks passed without any trouble, the attack being unusually mild. The fever then increased rapidly, and the nervous system showed very plainly the effect of the high temperature. The fever he thinks may at times be due to the direct action of the specific poison of the disease.

Dr. W. O. Roberts reported a case of typhoid fever with remarkable fluctuations in the temperature, which was highest at three A. M. and three P. M. Patient was first treated by sponging, then the ice cap was used, and finally the cold pack was resorted to. It was found that ten grains of quinine during the highest fever promptly lowered the temperature. The fall in temperature was prompt after each administration. Quinine, when given before the rise in temperature, always failed to prevent the rise. In another case of typhoid fever which he saw the attack began as acute mania. In almost every case which he has seen this year there has been a relapse.

Dr. J. W. Holland stated that the varying histories of the cases reported could be harmonized by bearing in mind the natural history of the intestinal lesions. The general course of the intestinal lesions is inflammation of the glands during first week, softening and ulceration during the second, and cicatrization during the third week. Generally the ulcers are healed in four weeks, but it is not safe, as a rule, to allow solid food for ten days longer.

Dr. Larrabee condemned in strong terms the use of the milk diet, stating that it often acted as solid food, as he has frequently found typhoid fever patients after its administration to void large masses of very hard feces.

Dr. Thompson stated that he had relied to a great extent on the milk diet in this disease during a practice of thirty five years, and considered its value very great as an article of food. He has it administered three times a day.

Dr. Holland stated that the fact of hard masses being passed from the rectum is no proof that such masses exist so high up as the ileum.

Dr. Wilson stated that an excellent article of diet in such cases could be prepared by taking one half pound of lean beef, chopped fine, one pint of water, one half dram of salt, and four drops of muriatic acid.

Dr. Holland reported a case of insomnia treated with paraldehyde, with very pleasing results. It can be given in doses of half a dram to a dram, in water with peppermint. It is said to be a pure hypnotic, without any primary stage of excitement or depressing influence on the heart.

R. MAUPIN FERGUSON, M. D.,  
*Secretary.*

## Correspondence.

### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

At the outbreak of the cholera epidemic in the south of France, about four months ago, it will be recollected that Dr. Fauvel, the well-known epidemiologist, declared at the Paris Academy of Medicine that the disease then raging was not Asiatic cholera, but cholera nostras or, as it is otherwise called, sporadic cholera, due to the conglomeration of a large number of people together, such for instance as troops in barracks under bad hygienic conditions. He also assured the Academy that he had no doubt of the speedy subsidence of the epidemic without spreading to any extent, adding (rather modestly however) that he was not infallible; in which he was not mistaken, as subsequent events have proved, for the cholera is still prevalent, though with mitigated intensity, and has extended not only nearly all over the south of France but also into Italy and Spain. It has even traveled to the north of France, where it was conveyed by some seamen from a French ship which had come from Newfoundland and was anchored off Cette, one of the cholera-stricken towns in the south of France. These men, having obtained leave of absence, proceeded to their home

at Yport, a small fishing village on the coast of Normandy. On arriving at Fecamp, which is the nearest station to Yport, the railway officials ordered them and their clothes to be disinfected, knowing that they had come from a quarter where cholera was prevailing. This, however, did not prove effectual, for the sister-in-law of one of the men suddenly fell ill after having washed the clothes of the latter, and died in a few hours. The diagnosis of the physician, who attended the patient, was Asiatic cholera. The disease spread rapidly, for on the following day ten persons were attacked, of whom seven died and three recovered. Subsequently six more cases occurred, making in all sixteen up to the 25th inst., of which there were ten deaths, three cured, and three under treatment. The most active measures are being taken to prevent the spread of the disease and, it is hoped, with some effect, as no fresh cases have occurred since the above date. I may here observe that this epidemic is instructive in many ways. It would seem to confirm the germ theory of cholera, that the germs, whatever they may be, are transportable and transmissible, and that the vehicle of the germs may not necessarily be a person suffering from the disease, for none of the seamen referred to had been affected by the disease. If this theory be correct, then we have to deal with one of the most preventable and yet one of the most terrible affections that man is subject to.

The report of the other infected districts of France is more favorable, the number of deaths for the week ending October 24th, having been nineteen against thirty-one for the previous week. In Algiers the mortality from cholera from the 11th to the 17th of October was fifty-two, that from the 18th to the 24th of October was forty-five. Even in the infected provinces it is becoming more rare; at Toulon and Marseilles the disease is now entirely absent, for the French Squadron of the Mediterranean has returned to its post at Toulon and the vessels at Marseilles now leave the port with a clean bill of health.

*Apropos* of cholera M. Marey made a very important communication at a recent meeting of the Academy of medicine, the object of which was to show that contaminated water was the principal source of the propagation of cholera, and in support of his opinion, he produced several curious and important facts, though perhaps not altogether new. By the aid of plans and traces,

M. Marey demonstrated diverse epidemics following the course of water contaminated by choleraic dejections, and which enabled him to formulate the following conclusions: (1) An epidemic of cholera may present different degrees of intensity, from simple diarrhoea and cholera, more or less intense, to algid and asphyctic cholera, causing death in a few hours. (2) Cholera is transmitted by man, it travels with him by land or by sea, it propagates itself more or less rapidly according to the rapidity of the means of locomotion at the disposal of man. (3) The contagious principle of cholera appears to reside in the intestinal dejections of the patient. (4) All articles such as clothes, linen which had been used by cholera patients or which had been soiled by their dejections, have transmitted the cholera to localities more or less distant from the infected quarter. Food prepared in the house of a cholera patient has communicated the disease to the greater part of those who partook of it. (5) A great number of persons seem to have the power of resistance against cholera. (6) In certain cases it was possible to determine the time that elapsed between the action of the causes above mentioned and the appearance of the cholera. The minimum duration of the stage of incubation appears to be from twelve to twenty-four hours. (7) Cholera more frequently reigns in towns than in the country, but the relative mortality is greater in the country than in towns. (8) The disease ordinarily rages with greater violence among the poor than among the wealthier classes. (9) Of all the professions, that of the washerwoman furnishes the greatest mortality from the disease. (10) Hot and dry weather generally increases the intensity of the epidemic. (11) Regions situated at a great altitude ordinarily escape the cholera, which rages particularly in low places and along rivers. In villages situated on river borders cholera sometimes shows itself successively at a distance of some days in following the course of the river itself. (12) Storms, heavy showers of rain, have frequently preceded by one or two days the explosion or the recrudescence of an epidemic. (13) When choleraic dejection infiltrates itself into the soil or penetrates into wells, cisterns or rivers, persons who drink of the water from these different sources are frequently stricken with cholera. (14) In epidemics, certain quarters, certain streets or groups of houses are the seats of the malady. (15) Close establishments, prisons, colleges,

convents, ordinarily escape epidemics, but when once the disease penetrates into them, it rages with great violence. Such, according to M. Marey, are the principal facts revealed by observation. The microbial theory can alone explain them; moreover they would lead to the specification of the means by which the infectious germs the most habitually penetrate into the organism.

I am afraid the readers of the *News* have had the subject of cholera *ad nauseam*, but its importance must be my apology for having so persistently referred to it in my letters.

PARIS, October 31, 1884.

### Selections.

**TINEA FAVOSA** is a contagious disease due to the vegetable parasite known as *achorion Schönleini*, characterized by discrete or confluent pea-sized, cup-shaped, yellowish, friable crusts, accompanied by itching. The symptoms are usually characteristic, among the most notable being the "favus cups." These consist of peculiar, circumscribed, circular, dry, pale, yellowish, umbilicated masses, which at first are firmly attached to the surface of the skin, but later become more or less detached. When taken between the fingers they may be crumbled. The color is generally modified by foreign matter. On detaching one of these cups, the skin beneath is smooth and shining, with a thin epidermal covering, and in a state of hyperemia or inflamed and suppurating. The amount of crusting varies; when patches coalesce a honeycomb appearance is formed. The disease may attack any part of the body, but the scalp is the usual seat. When the itching is annoying, the patient, from scratching, may introduce the parasite beneath the nails, where it may develop, causing the nails to grow opaque, thick, and friable. A prominent symptom is the odor, which is that of mice or stale straw. Then again the hairs, when the disease affects the scalp, suffer characteristic changes, becoming dry, brittle, and losing their luster. When the disease is neglected or persists for a time the hairs may become loose, fall out, and leave bald patches, which may be permanent.

It is a chronic affection, usually lasting for years. It is due to the development of the



vegetable fungus, the achorion Schönleini. It does not develop on every individual with the same degree of readiness, but requires a peculiar condition of the skin. As a rule, it is a disease of the poorer classes, and is comparatively rare in this country. It is not infrequently met with in some of the lower animals, as cats, rabbits, and mice, from which it may be communicated to man.

It is a local disease and usually affects the hair and follicle. The crusts are made up of fungus, consisting of mycelium and spores, also epidermal cells and debris. It may readily be seen with a microscope, and when attacking the nails may be detected in the scrapings. It is especially liable to be confounded with pustular eczema.

Occurring mostly upon the scalp, it is an obstinate disease. The hair should be clipped as short as possible; the crusts removed by means of oil or poultices; the loose hairs extracted, and one of the parasiticides applied. The following are effectual: corrosive sublimate, two to three grains to the ounce of alcohol; hyposulphite of sodium; sulphurous acid, and sulphur ointment. The following may also be recommended:

R. Öl. cadini, . . . . . ʒjss;  
Sulphuris sublimati, . . . . . ʒij;  
Ung. petrolei, . . . . . ʒi. M.  
Sig. Apply twice daily.

Time and persistent treatment are necessary to effect a cure; relapses are common. *Dr. Louis A. Duhring, in the Philadelphia Medical News.*

**THE OIL-SPOT.**—About ten miles to the south of the Sabine River, which forms the boundary between Texas and Louisiana, and about a mile from the shore, there exists a natural phenomenon known to sailors as "The Oil-Spot." In fine weather there is nothing remarkable to attract the attention of a stranger; but when an angry gale from the northeast sweeps the ocean, and great crested waves rise in battle array, this charmed natural harbor reveals itself. No visible boundary divides it from the tempestuous ocean around; but within a space of two miles in length the waters remain perfectly calm, their only change being that they become turbid and red, as though the oil-bearing mud were stirred up from below. A broad belt of white foam and towering breakers marks where the mighty waves, with all the force gathered in an unbroken sweep of seven hundred miles across the Gulf, are suddenly arrested and

sink down, conquered and powerless, so soon as they come within the mysterious influence of this gentlest of rulers.

Unfortunately, this peaceful haven is very shallow; its depth is variously stated at twelve and eighteen feet, so that only vessels of light burden can here take shelter. But to these, blessed indeed is the change of passing suddenly from the wild tossing of the outer ocean to the wonderful calm of this strange harbor, where the weary crew may rest as securely as though within an encompassing coral reef. Indeed, the stranger approaching this wall of breakers would naturally assume it to be caused by a dangerous reef, and would, as a matter of course, seek safety by steering away from it.

We believe that no scientific examination of this so-called oil-spot has yet been made. Sailors who have here found refuge state that the bottom is of a soft, soapy mud, into which they can easily push a pole to a considerable depth—a mud which, when applied to deck scrubbing, is found to be exceedingly cleansing.—*Pop. Science Monthly*. [Mulhattan?]

**CHOLERA AT MARSEILLES.**—The Philadelphia Medical News, November 8th, publishes some interesting details of the recent cholera outbreak at Marseilles, which have been forwarded by the United States consul of that place. In closing the report the author says: The net result of the entire series of the forty-one experiments are summed up, and the conclusions of the committee stated as follows:

1. That cholera can be transmitted to animals. This fact is fully confirmed by experiments and observations made at Pondicherry and Chandernagore (East Indies) during the past forty years.

2. That the "rice-water" dejections and contents of the stomach and intestines of cholera patients are absolutely innocuous.

3. That it is only the blood of a cholera patient taken during the "algid" stage that is infectious, and this toxical property is greatest in the early part of this "algid" or collapse period. This is simply a confirmation of the theory of Robin, first announced in 1865.

4. That this infectious property in the blood disappears within a period not exceeding twenty-four hours after the close of the "algid" period.

The report closes with the frank and candid declaration that "We can define what

the cholera is not, rather than what it is. We have demonstrated the toxic action of the blood during the algid period, but we have discovered no specific agent of such action. It is there, however, that the toxic agent exerts, as it appears to us, its first action."

**NASO-PHARYNGEAL CATARRH.**—It will be readily admitted that the prognosis of the chronic forms of this complaint is decidedly unfavorable under most methods of treatment. This lack of success is no doubt partially due to imperfect methods of applying medicaments to the mucous membrane. The nasal douche, the insufflation of powders, and the use of the brush or syringe have all objectionable features, which the spray has not. The latter, when thrown forcibly into the vault of the pharynx or through the nasal passages, not only washes away the secretions, which are so abundant and tenacious, but medicates every portion of the diseased surface.

In the treatment of this catarrh it is desirable to first use a cleansing solution. That known as Dobell's is a good one; it is:

R Acid. carbol., . . . . . ʒijss;  
Sod. biborat, . . . . . } aa ʒij;  
Sod. bicarb., . . . . . }  
Glyc., . . . . . ʒij;  
Aq., . . . . . ad. Oij. M.

Another excellent one is:

R Listerine, . . . . . ʒij;  
Sod. biborat, . . . . . ʒss;  
Aq., . . . . . ad. ʒviij. M.

In the acute stages of the affection we have had the best success with astringent solutions which contain glycerine or some mucilaginous drug. Good examples are:

R Zinci. sulph., . . . . . gr. x;  
Glyc., . . . . . } aa ʒss. M.  
Aq., . . . . . }

R Ext. pinus canadensis (Kennedy), ʒss;  
Glyc., . . . . . ʒj. M.

A solution of alum (grs. x-xv-ʒj), or of chloride of sodium (ʒj-ij-Oj), answer admirably for some cases. The chronic forms of nasal catarrh show at times a degree of obstinacy which is discouraging. Yet a remedy well chosen and applied at frequent intervals for a considerable period of time will rarely fail to give relief, and at times to work a complete cure. In such cases the indications are to first cleanse and afterward apply moderately strong solutions to the ulcerated and hypertrophied mucous

membrane. For the latter purpose, the best are, solution argent. nitr. (grs. xx-ʒj), solution Monsel (ʒij-ij-ʒi). And a solution of pinus canadensis and glycerine in equal parts has given in certain cases excellent results.

In many cases of ezena—whether syphilitic or otherwise—phenol sodique, diluted (ʒj-ʒj), has done us good service, as has also Dobell's solution or one of the permanganate of potash. When the examination shows much thickening and hypertrophy, a strong solution of the nitrate of silver will be indicated, for the latter seems to have an almost specific effect upon this condition.—*Dr. J. J. Berry, in the New England Medical Monthly.*

**THE ACTION OF HYPNOTICS ON THE CEREBRAL CIRCULATION.**—Drs. Bergesio and Musso, having a patient who had lost a portion of the calvarium, were enabled to make observations on the circulation in the brain. They confirmed the view that the brain is anemic during sleep. Paraldehyde gave the same result as natural sleep. Morphia and alcohol caused endocranial congestion. The authors remark that the hypnotic effects of these drugs do not depend upon the changes they cause in the blood-pressure, but upon some more intimate modification, perhaps of a chemical nature, of the cells of the cerebral cortex.—*London Medical Record.*

UNNA's paste for comedones is, glycerine, three parts; vinegar, two parts; kaolin, four parts.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from November 9, 1884, to November, 15, 1884:

*Byrne, C. C.*, Major and Surgeon, granted four months' leave of absence from November 16, 1884. (S. O. 265, A. G. O., November 11, 1884.) *Tre-  
maine, W. S.*, Major and Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. (S. O. 233, Dept. East, November 12, 1884.) *Wilson, William J.*, Captain and Assistant Surgeon, granted leave of absence for four months, with permission to go beyond sea, to take effect when his services can be spared by his Department Commander. (S. O. 262, A. G. O., November 7, 1884.) *Skufeldt, R. W.*, Captain and Assistant Surgeon, assigned to duty as Post Surgeon, Fort Wingate, New Mexico. (S. O. 217, Dept. Missouri, November 4, 1884.) *Owen, William O., jr.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Canby, Washington Territory, and ordered to Fort Spokane, Washington Territory, for duty. (S. O. 169, Dept. Colorado, November 4, 1884.)